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Connecting Kids to Coverage

## Summary of Benefits for Arkansas, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	MORE FREQUENT CLEANINGS MAY BE APPROVED IF MEDICALLY NECESSARY WITH PRIOR AUTHORIZATION
Fluoride treatments (including fluoride varnishes)	X				
Sealants (list any tooth-specific limits)	X			1 x lifetime	ON 1ST AND 2ND PERMANENT MOLAR ONLY
Space maintainers		X			



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X			2 x year		
<b>X-Rays</b>						
Bitewing	X			2 x year		
Full Mouth	X			1 x every 5 years	AGES 6 AND OVER	
Panoramic	X			1 x every 5 years	AGES 6 AND OVER	



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				ONCE PER TOOTH SERVICE EVERY 2 YEARS	
Tooth colored composite	X				ONCE PER TOOTH SERVICE EVERY 2 YEARS. 4 surface compsite requires prior authorization	
Crowns/tooth caps						
Stainless steel crowns	X				Prior authorization is required for 2nd & 3rd molars only	
Metal (only) crowns			X			
Metal/porcelain crowns		X				
Porcelain (only) crowns			X			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				ONE PER TOOTH	
Root canals on permanent teeth	X				ONE PER TOOTH	



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	Yes	Only with prior authorization	No			
Gum (periodontal) therapy						
		X				
Dentures						
Partial dentures		X				
Complete dentures		X				
Bridges			X			
Orthodontics*						
Retainers (orthodontic)		X			PRIOR APPROVED FOR ARKIDS FIRST A NOT CHIP	
Braces		X			Payment arrangements required in case eligibility lost.	SCORE OF 26 ON HLD SCORING SHEET
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					



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	Yes	Only with prior authorization	No			
Cleft palate treatment			X			
Cancer treatment			X			
Treatment of fractures			X			
Biopsies		X				
<b>Treatment of jaw joint problems (TMJ)</b>						
			X			
<b>Emergency room services provided by a dentist</b>						
			X			
<b>Inpatient Hospital Services</b>						
			X			
<b>Anesthesia</b>						
General anesthesia	X				must have PA if not done in conjunction w/D7210 - D7240	
Intravenous conscious sedation			X			
Non-intravenous conscious sedation		X				
Analgesia (nitrous oxide)	X					



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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).